



City of Gaithersburg, Department of Parks, Recreation & Culture
301-258-6350 www.gaithersburgmd.gov/recreation/sports

Adult Pickleball Clinics ***at Diamond Farms Park***

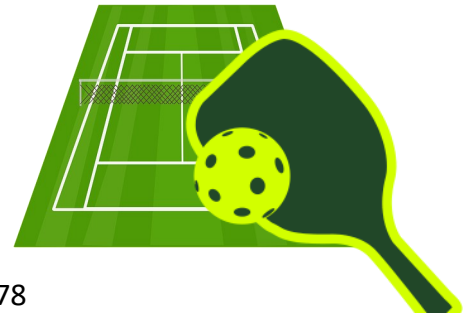
Tuesdays / August 27th — October 1st

Beginners: 6:30PM—7:30PM

Advanced Beginners: 7:30PM—8:30PM

Fee per person: \$45 R/ \$55 NR

- Players must be 18 years or older.
- Pickleball paddles and balls provided.
- Diamond Farms Park: 857 Quince Orchard Blvd, Gaithersburg, MD 20878



• Registration deadline is **Wednesday, August 21, 2019**

Contact: Dave Ludington at Dave.Ludington@gaithersburgmd.gov or 301-258-6350

REGISTRATION: Fall Adult Pickleball Clinic

Sessions: 6

Activity #

Participant First Name: _____ **Middle Initial:** _____

Participant Last Name: _____ **Level: Beginner or Adv. Beginner**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone #: _____ **Alt. Phone #:** _____

E-mail: _____

I hereby voluntarily wish to attend, and/or grant permission for a family member under my custody or supervision to attend the activity sponsored by the City of Gaithersburg (City). I understand that we do so at our own risk and that I am responsible for the insurance in case of any harm or injury to me and/or the family member. I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use. I also understand that I am responsible for making a request for reasonable accommodations under the Americans with Disabilities Act and other applicable law. Furthermore, I understand that although safety precautions will be observed, the City, its employees or agents will not be responsible for any personal property lost by me and/or family member or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs and/or videotapes made of the program. I understand that all program/activity withdrawals are subject to processing fees and that some programs/activities are non-refundable in accordance with the Department of Parks, Recreation and Culture Withdrawal and Refund Guidelines.

I/we agree to follow all facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal if any rules, regulations or instructions are not followed. If City-provided equipment is used, I/we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and prior to my/our leaving the facility to return it in the same condition as it was when received.

Print Name

Signature

PAYMENT:

Amount Paid \$ _____ **Cash or Check #** _____

Visa/MC/Disc/Amex# _____ **Exp.** ____/____

Signature (name on card) _____

Print Name _____

OFFICE USE ONLY:

Rec'd: _____ **Initials** _____

W M F Resident: Yes No

Pr: _____

Date: _____